



USAID | **TB CARE I**
FROM THE AMERICAN PEOPLE

Djibouti

**Year 1
Quarterly Report
July-September 2011**

October 28th, 2011

Quarterly Overview

Reporting Country	Djibouti
Lead Partner	WHO
Collaborating Partners	
Date Report Sent	28 October 2011
From	Ridha Jebeniani, STB Medical Officer
To	Mansour Ahmed, USAID Mission
Reporting Period	July-September 2011

Technical Areas	% Completion
2. Laboratories	89%
3. Infection Control	60%
4. PMDT	10%
6. Health Systems Strengthening	92%
Overall work plan completion	63%

Most Significant Achievements

With TB CARE I local technical assistance the technical documents for GF R10 TB grant negotiation phase were developed. These are the Performance Framework, the Workplan-Budget, and the Technical Assistance Plan.

TB CARE I technical assistance also contributed , as part of GF R11 HIV, to the exercise of situation analysis, priority settings and preparation of the roadmap for the proposal development with relevant national and international stakeholders; and to the development with relevant national stakeholders of the Performance Framework as part of the GF R9 Malaria grant negotiation phase.

The update of the National TB control guidelines in order to adopt new WHO treatment guidelines including treatment of pediatric cases, and new diagnostic algorithms as a result of the upcoming introduction of rapid diagnostic tests, has been the main activity of the quarter.

The process is at its final stage and has involved a review of existing treatment and diagnostic guidelines as well as new rapid diagnostic methods followed by the development of the first draft, which has been discussed with the NTP staff and experts in WHO, FIND and KNCV.

Overall work plan implementation status

Taking into consideration the fact that APA1 started in the third fiscal year quarter, the implementation is fair and with a catch up during the next quarter almost all activities will have been implemented except PMDT guidelines, which will be developed during the first quarter of the calendar year 2012.

Technical and administrative challenges

The NTP was not able to carry out supervisory visits in the districts because of lack of transportation as a result of the funding restrictions imposed by the GF.

The process of updating the NTP manual took more time than expected because of technical complexity stemming from more complex treatment requirements shifting the focus from a mere public health approach targeting smear positive cases with unified treatment regimens to more diversified options required by a patient centered approach taking into consideration relatively new challenges notably HIV, MDR TB and the renewed requirements of special situations. Furthermore the advent of new rapid diagnostic tools make it more complex to develop screening and diagnostic algorithms where potential benefits of the new tools are to be considered in the framework of the existing health system with its strengths and limits.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	8	53***
Number of MDR cases put on treatment	8	12***

* January - December 2010 ** January - September 2011

*** These figures are to be confirmed as the National TB Reference Centre started performing DST via a lab in France starting from July 2011 as per a report we have just received. The number may reflect a backlog of old cases not necessarily emerging in 2011 and furthermore no independent evaluation of quality control has been carried out for the lab performing the DSTs in France.

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
2.1	Quality of smear microscopy maintained	Percentage of TB treatment and diagnostic centres performing TB microscopy with over 95% of correct microscopy results	Numerator: Number of laboratories with over 95% correct microscopy results Denominator: Total number of laboratories performing TB microscopy	100%	90%	89%	The National Lab Supervisor performed regularly supervisions and quality control in the capital Djibouti.	The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.

2.2	All smear microscopy laboratories with QA in place	Percentage of laboratories performing TB microscopy where QA has been implemented according to newly developed national recommendations	Numerator: Number of laboratories performing QA activities for TB microscopy according to national recommendations Denominator: Total number of laboratories performing TB microscopy	100%	100%	60%	The National Lab Supervisor performed regularly supervisions and quality control in the capital Djibouti.	The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of means of transportation as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TBCARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
2.3	National Reference Laboratory performing culture and DST	Culture and DST performed in the National Reference Laboratory		No	Yes	No	Culture media were procured by FIND, and reagents for DST as well as mycobacteria identification tests are being procured by TBCARE1	With the reagents due to be available in October 2011 and the renovation process of the NRL being at its final stage, it is expected that culture and DST will be performed starting from December 2011.






Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
3.1	An updated national IC Plan	Presence of an updated IC Plan	If present YES; if not present NO	No	Yes	No	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place during the first week of December	The IC plan is expected to be ready in December 2011
3.2	Health workers dealing with TB patients in the National TB Reference Centre and lab techicians of the NRL provided with respirators for personal protection	Existence of a sufficient supply of respirators for personal protection for health workers dealing with TB patients in the National TB Reference Centre and lab techicians of the NRL	If present YES; if not present NO	Yes	Yes	Yes	The respirators have been procured and delivered to the NTP for distribution and use by eligible health workers.	


Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
4.1	Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in Programmatic Management of MDR TB	Manual on Programmatic Management of MDR TB is available	Manual on Programmatic Management of MDR TB is available	No	Yes	No	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place from 23 to 27 January 2012.	The manual will only be available by the first quarter of the calendar year 2012




Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	DOTS facilities regularly supervised	Percentage of supervisory visits performed by the Central Unit out of supervisory visits planned to DOTS facilities	Numerator: Number of supervisory visits performed during a specified time period by the Central Unit Denominator: Number of supervisory visits by the Central Unit planned according to the annual work plan during the same period		90%	86% (for the capitol only)	The supervision activities were carried out regularly in the capital.	The Central Unit staff were not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TBCARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.




6.2	All public health facilities providing DOTS services	Percentage of public health facilities providing DOTS services	Numerator: Number of public health facilities providing DOTS services Denominator: Total number of public health facilities in urban and rural districts	100%	100%	100%	<p>DOTS continued to be implemented by all public health facilities.</p> <p>Regarding the activities related to this technical areas, the update of the NTP manual is at its latest stage and the process was longer than expected because of more complex treatment requirements shifting the focus from a mere public health approach targeting smear positive cases with unified treatment regimens to more diversified options required by a patient centered approach taking into consideration relatively new challenges notably HIV, MDR TB and the renewed requirements of special situations. Furthermore the advent of new rapid diagnostic tools make it more complex to develop screening and diagnostic algorithms where potential benefits of the new tools are to be considered in the framework of the existing health system with its strengths and limits.</p> <p>The process is at its final stage and has involved a review of existing treatment and diagnostic guidelines as well as new rapid diagnostic methods followed by the development of the first draft, which has been discussed with the NTP staff and experts in WHO, FIND and KNCV. Based on the comments received, a final draft will be shortly submitted to national stakeholders for final adoption. The recording and reporting forms are being reproduced.</p>	During the next quarter the updated manual will be ready and the recording and reporting forms will be distributed to the relevant DOTS facilities.
-----	--	--	---	------	------	------	---	---



Quarterly Activity Plan Report



Outcomes	2. Laboratories							
			Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Quality of smear microscopy maintained	2.1.1	Sputum containers (kits of 1000 units)	WHO	3.254	 95%	Jun	2011	The order was placed on 23 August 2011 by GDF after request by TBCARE1 Djibouti. It is estimated that the shipment will arrive in Djibouti on 8 February 2012.
	2.1.2	Reagents for TB microscopy (kits for 1000 examinations each)	WHO	12.294	 95%	Jun	2011	The order was placed on 23 August 2011 by GDF after request by TBCARE1 Djibouti. It is estimated that the shipment will arrive in Djibouti on 8 February 2012.
2.2 All smear microscopy laboratories with QA in place	2.2.1	Supervision by the microscopy lab by the National Lab Supervisor	WHO		 65%			The National Lab Supervisor regularly performed regular supervision and quality control in the capital Djibouti but was not able to do so in the districts because of lack of transportation as a result of the funding restrictions imposed by the GF.
2.3 National Reference Laboratory performing culture and DST	2.3.1	Reagents for cultures: 3200 cultures per year	WHO	25.312	 95%	Jun	2011	The Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference provided the National Reference Laboratory with culture media. The TBCARE1 budget line is being used to purchase reagent for identification of mycobacterium species: Niacin Reagent Strips, 25 strips per unit 5 Packs of 25 of Niacin test for identification of mycobacterium species. The Expected Delivery Date is 24-Oct-2011.
	2.3.2	Reagents for DST (275 DST per year)	WHO	14.916	 95%	Jun	2011	300 antibiogram kits were ordered and approved with split delivery every two months to avoid expiry, with the first delivery being scheduled in October 2011.

	2.3.3	Refrigerated bench-top centrifuge	WHO	9.040	Cancelled	Jun	2011	After the TB CARE workplan has been developed and approved, it turned out that the NTP received from EXPAND TB, as part of the above mentioned project, a refrigerated bench-top centrifuge, which was on an exceptional basis as the contract makes it clear that general equipment is not included in the project. Therefore this activity has to be reprogrammed.
					 89%			

Outcomes		3. Infection Control	Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
3.1 An updated national IC Plan	3.1.1	Technical assistance for development of the National IC Plan	WHO	9.153	 20%	Jun	2011	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place during the first week of December 2011.
3.2 Health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL provided with respirators for personal protection	3.2.1	Procurement of N95 personal respirators for personal respiratory protection (100 health personnel for 300 working days with one week use per mask)	WHO	4.520	 100%	Jun	2011	The respirators have been procured and delivered to the NTP for distribution and use by eligible health workers.
					 60%			

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Month Year		Cumulative Progress and Deliverables up-to-date
4.1 Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in PMDT	4.1.1	Technical assistance for the development of a manual on Programmatic Management of MDR TB	WHO	9.153	 20%	Jun	2011	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place from 23 to 27 January 2012.
	4.1.2	Printing of the manual on Programmatic Management of MDR TB	WHO	2.260	 0%	Sep	2011	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place from 23 to 27 January 2012.
					 10%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Month Year		Cumulative Progress and Deliverables up-to-date
6.1 DOTS facilities regularly supervised	6.1.1	Participation of the NTP Manager in an international conference on TB	WHO	6.646	 98%	Sep	2011	The travel request has been initiated.
6.2 All public health facilities providing DOTS services	6.2.1	Recording and reporting forms and registers	WHO	5.650	 98%	Jun	2011	A contract DFC between WHO and the MOH was issued for this purpose and the documents reproduction is being processed with the printing institution.

	6.2.2	Updating the NTP manual	WHO	3.390	 80%	Jun	2011	<p>The update of the NTP manual is at its latest stage and the process was longer than expected because of more complex treatment requirements shifting the focus from a mere public health approach targeting smear positive cases with unified treatment regimens to more diversified options required by a patient centered approach taking into consideration relatively new challenges notably HIV, MDR TB and the renewed requirements of special situations. Furthermore the advent of new rapid diagnostic tools make it more complex to develop screening and diagnostic algorithms where potential benefits of the new tools are to be considered in the framework of the existing health system with its strengths and limits.</p> <p>The process is at its final stage and has involved a review of existing treatment and diagnostic guidelines as well as new rapid diagnostic methods followed by the development of the first draft, which has been discussed with the NTP staff and experts in WHO, FIND and KNCV. Based on the comments received a final draft will be shortly submitted to national stakeholders for final adoption.</p>
					 92%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*	
Mission	PMU	USAID									
			2.3.3	Refrigerated bench-top centrifuge (already bought by EXPAND TB)		9.040		The replacement will be discussed with WHO HQ and then submitted to the mission			

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)



